

## **NOTICE TO ALL NEW STUDENTS!**

The Menominee Tribal Education Department is dedicated to providing assistance to Menominee's who are pursuing educational advancement.

In order to assist you in your educational goal, an Education Plan has been developed to guide you toward the completion of your goal. This plan needs to be updated each year to help you keep on tract as you work towards your goal.

Even if you are undecided on what your educational goal is, this plan will help you get started. You can start thinking about careers, where you want to work, *what* kind of job you want and the education or training you need in order to get that job!

With the cost of education increasing each year and the resources to help pay for these expenses decreasing, it is critical for students to plan ahead and to plan carefully. Too often students take courses that are not relevant to their major; thereby wasting time and money that could be spent more wisely.

Students must also begin to take responsibility and do their own search for scholarships beyond financial aid. If you have access to the Internet, you can research scholarship information there as well. Our office is located in the lower level of the Family Investment Center, across from the Tribal Office Building. Please call for an appointment at (715) 799-5118 or (715) 799-5110.

High School Seniors should be aware of the local scholarships available, check with your guidance counselor for applications and information.

The Tribe offers 4 competitive annual scholarships each year. The scholarships are one each: for a graduating high school senior, undergraduate college student, technical college student and graduate student. Scholarship applications are available in January. If you have not received an application, contact our office. The Tribal Education Committee selects these recipients in the late spring or early summer.

All students are required to complete and Educational Plan. This plan must be submitted to the Tribal Education Office before any grant requests will be released. If any of the questions do not apply to you, indicate with N/A (not applicable). This tells me you have read the question.

This Education Plan was reviewed and discussed with the Tribal Education Committee, by consensus; the committee has added their support for its implementation.

You will be sent a Continuing Education form at the end of the academic year. It will only take a few minutes to complete and send it to our office.

Because there are funding limitations for some grants, you need to know that changing your major or program may affect your funding resources.

Any Questions Call: (715) 799-5110 or (715) 799-5118

Return Your Forms To: Menominee Tribal Education Office

P.O. Box 910

Keshena, WI 54135

## **EDUCATIONAL PLAN**

| F/T Student                   |                     | Program/Major: |                             |             |       |
|-------------------------------|---------------------|----------------|-----------------------------|-------------|-------|
| Part-time Student             |                     | School         |                             |             |       |
| Please complete the following | information:        |                |                             |             |       |
| Name:                         | Name                | Middle         | nitial                      | Last Name   |       |
| riist                         | ivairie             | wildule i      | Tiltiai                     | Last Ivalli | 3     |
| Social Security Number:       | /                   | /              | Phone: Area Co              | de /        | /     |
| Address:                      |                     |                |                             |             |       |
| Street/P.O. Box               |                     |                |                             |             |       |
| -                             | City                | Sta            | te                          | Zip         |       |
| Date of Birth: / _            | Month Yea           | Male:          | Female: _                   |             |       |
| Highest Grade Completed:      | Elem. Gr<br>(Grades |                | High School<br>(Grades 9-12 |             |       |
| High School Diploma           | GED                 | HSED           | Other:                      |             |       |
| Employed Full-time:           | Special Interest/Ho |                |                             |             |       |
| Employed Part-time:           |                     |                |                             |             |       |
|                               |                     |                |                             |             |       |
|                               |                     | WORK EXPERI    | ENCE                        |             |       |
| List current employer first:  |                     |                |                             |             |       |
| Employer                      | Ро                  | sition         | Start/Date                  | End/Date    | Wages |
| 1                             |                     |                | _                           | _ /         | _ /   |
| 2                             |                     |                | _                           | _ /         | _ /   |
| 3                             |                     |                |                             | _ /         | _ /   |

Note: If any questions do not apply to you, indicate N/A (not applicable). This tells me you have read the question.

## LONG TERM GOALS

| What are your long term go              | als for the next 2 to 5 years? Think about them and write them below. |                 |
|---|---|-----------------|
| Start Date                              | Goal  | Completion Date |
|   |   |                 |
|   |   |                 |
|   |   |                 |
|   |   |                 |
|   |   |                 |
| Obstacles: Examples – hous              | ng, financial aid, transportation, classes                            |                 |
| Obstacle                                | Solutions to overcome obstacles:                                      |                 |
|   |   |                 |
|   |   |                 |
|   |   |                 |
|   |   |                 |
|   |   |                 |
|   | CHORT TERM COALS  |                 |
| There delegates are                     | SHORT TERM GOALS  |                 |
|   |   |                 |
|   | months to complete. Identify your short term goals below.             | Commission Date |
| Start Date                              | Goal  | Completion Date |
|   |   | Completion Date |
| Start Date                              |   | Completion Date |
| Start Date                              | Goal  | Completion Date |
| Start Date  Obstacles: Examples – Class | materials, fees, remedial classes, tutoring                           | Completion Date |
| Start Date  Obstacles: Examples – Class | materials, fees, remedial classes, tutoring                           | Completion Date |
| Start Date  Obstacles: Examples – Class | materials, fees, remedial classes, tutoring                           | Completion Date |

| When do you anticipate your graduation?  Date   |                            |  |  |  |  |
|---|----------------------------|--|--|--|--|
| Have you thought about a  |                            |  |  |  |  |
| Graduate Degree? Yes No Where?  |                            |  |  |  |  |
| Where do you want to work?  |                            |  |  |  |  |
| Please attach your course schedule and a tentative outline of your program your program.  | schedule for the length of |  |  |  |  |
| I have worked together with my Advisor to develop the Educational Plan and agree with it. At some time it may be necessary to update or change my plan to meet my training needs. |                            |  |  |  |  |
|   |                            |  |  |  |  |
|   |                            |  |  |  |  |
| Signature of Student  | Date:                      |  |  |  |  |
| Signature of Student  | Date:                      |  |  |  |  |
| Signature of Student  | Date:                      |  |  |  |  |
| Signature of Student Signature of Advisor   | _                          |  |  |  |  |
|   | Date:                      |  |  |  |  |
|   | ·                          |  |  |  |  |

I am completing this form before the semester begins and will submit a course schedule at a later date.

OUTCOME: